

04-19-07

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PTO/SB/21 (09-06)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

59

Application Number

10/803,329-Conf. #5580

Filing Date

March 18, 2004

First Named Inventor

Anna N. Yaroslavsky

Art Unit

3737

Examiner Name

N. K. Bleibel

Attorney Docket Number

62045(51588)

ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):Amendment Transmittal
2 References
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

EDWARDS ANGELL PALMER & DODGE LLP

Signature

George N. Chaclas

Printed name

George N. Chaclas

Date

April 18, 2007

Reg. No.

46,608



AMENDMENT TRANSMITTAL LETTER

Docket No.
62045(51588)

Application No.
10/803,329-Conf. #5580

Filing Date
March 18, 2004

Examiner
N. K. Bleibel

Art Unit
3737

Applicant(s): Anna N. Yaroslavsky et al.

Invention: POLARIZED LIGHT IMAGING DEVICES AND METHODS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =		x	
Independent Claims	5	- 5 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					510.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					510.00

☐ Large Entity

☒ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 510.00.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

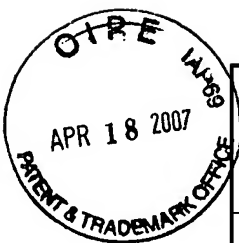
☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

George Chaclas

George N. Chaclas
Attorney/Agent Reg. No.: 46,608

Dated: April 18, 2007

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205
(401) 276-6653



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/803,329-Conf. #5580
		Filing Date	March 18, 2004
		First Named Inventor	Anna N. Yaroslavsky
		Examiner Name	N. K. Bleibel
		Art Unit	3737
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	62045(51588)
TOTAL AMOUNT OF PAYMENT		(\$)	510.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ - 20 = _____	x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ - 3 = _____	x _____	= _____		
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>2253 Extension for response within third month</u>	510.00

SUBMITTED BY			
Signature	<u>George Chaclos</u>	Registration No. (Attorney/Agent)	46,608
Name (Print/Type)	George N. Chaclos	Telephone	(401) 276-6653
		Date	April 18, 2007



Application No. (if known): 10/803,329

Attorney Docket No.: 62045(51588)

Certificate of Express Mailing Under 37 CFR 1.10

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Lisa A. Rollins

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Lisa A. Rollins

Typed or printed name of person signing Certificate

Registration Number, if applicable

(401) 276-6633

Telephone Number

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Transmittal Form (1 page)
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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Amendment Transmittal (1 page)
Amendment (10 pages)
Supplemental IDS w/1449 (2 References) (3 pages)
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